FILED IN CLERK'S OFFICE U.S. DISTRICT COURT E.D.N.Y.

IN THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF NEW YORK

★ OCT 0 4 2018

LONG ISLAND OFFICE

Heith W. Rychlik 838 Downe Ave Bellport Dy 11713

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

Sunbar police W. 25064

1224 Loone Louis Dunbar W. 25064

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.) Complaint for Violation of Civil Rights

(Non-Prisoner Complaint)

C.V.-18 5595

(to be filled in by the Clerk's Office)

Jury Trial: X Yes □ No (check one)

KUNTZ, .

RECEIVED

BLOOM, MJOCT 0 4 2018 EDNY PRO SE OFFICE

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in *forma pauperis*.

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Brith William Kychlik
Street Address	838 Doana Ave
City and County	Bellport Ny 11713
State and Zip Code	
Telephone Number	(681) 945-9981
E-mail Address	the th Rychlik Ogmail. com.
	KeithRychlik Ogmail. com.

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name	City of Dumbar/Dumbar Police Department
Job or Title	<u>Department</u>
(if known)	
Street Address	1227 Leon Lane mayo office
City and County	Dunbar WU. 25064)
State and Zip Code	304) 766-0220 maxa
Telephone Number	304) 766-0204 police Depart
E-mail Address	
(if known)	all as all bescripting
/	Address police Department
	210 12th St
	210 12th St Dunbar W.V. 25064

Defendant No. 2	•
Name Job or Title (if known) Street Address City and County State and Zip Code Telephone Number E-mail Address (if known)	Dunbar police Department Police Offic 21012th St Dunbar W.V. 25064 304) 766-0204
Defendant No. 3	
Name	
Job or Title	
(if known)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (if known)	
Defendant No. 4	
Name	
Job or Title (if known)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address	

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

Are y	
	State or local officials (a § 1983 claim)
	Federal officials (a Bivens claim)
immu you a	on 1983 allows claims alleging the "deprivation of any rights, privileges, or inities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If re suing under section 1983, what federal constitutional or statutory right(s) u claim is/are being violated by state or local officials?
My	Deaf Right I been violated Numbum of time
D1 1	erec
const	tiffs suing under <i>Bivens</i> may only recover for the violation of certain itutional rights. If you are suing under <i>Bivens</i> , what constitutional right(s) ou claim is/are being violated by federal officials?
const	itutional rights. If you are suing under Bivens, what constitutional right(s)
Section Te under law.	itutional rights. If you are suing under <i>Bivens</i> , what constitutional right(s) ou claim is/are being violated by federal officials?

III. Statement of Claim

A.

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Where did the events giving rise to your claim(s) occur?

1	was Attack on 1/23/16 because I tall
Ac	dom meison I can't wot Hear out of my Right sid
PC	In 100% Deaf and Iwas Attack By town po
A	ffice.
_	nat date and approximate time did the events giving rise to your claim(s) occur?
44	23/16 Time 34 PM
Wł	nat are the facts underlying your claim(s)? (For example: What happened to
yoı	u? Who did what? Was anyone else involved? Who else saw what happened?)
1	was Attack Iwas Beatly Beally baid Than
<u> </u>	go to Hospits that day of the Attack
10	1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4	23/16 becouse I tell Adam mason I can't He
Ċ	it all Im 100% Deat in my Right Side Cour and
50	Thom the Loft side ear too I have a Hearing Al
iŧ	all on vide tage that day they Violence my
	Right becouse I'm a disdibility person that
<u> </u>	
1	5 Deafand I have hard time cender Stund ling in life and I Four for my Xift that
1	my it was a set up and I have the texpe
200	
<u>~</u>	ecd with me
	my Right been violate
	i v

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Twas Beating so bad the ask of she police
offic- INCRC to go to the Hospital one of the
office Soid NO 17 was blacker out number
They Taille are noting they got me Emt
my Back in Juries and Head in Juries. all I say of I can't Hour out of my hight side I'm 100%
I can't How out of my hight side I'm 100%
Neat on the Right Sido Heart and 50% Dear
Dear on the Right Side Heart and 50% Dear in the Lifst Side Heart I have a Hearly Ails
. 0

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Tot more cramme.	_
I like to put I ton to New, Newpary	er
online and I want Some one to und is	2 Stande
online and I want Some one to und is way and what beed they thought b in Jail for 3 year for Nothing	elug
In Jail for 3 year for Nothing	-
7	_
	· ·
	

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

For Parties Without an Attorney A.

I agree to provide the Clerk's Office with any changes to my address where caserelated papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 10/4, 2018.

Signature of Plaintiff Meith William Rychik

Printed Name of Plaintiff Meith William Rychik